

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name

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California
Form **802**
For Official Use Only

Division, Department, or Region (If Applicable)

Santa Clara County Probation / Edge Program

Designated Agency Contact (Name, Title)

Marmet Williams Probation Counselor II

Area Code/Phone Number

E-mail

(408) 573-3249

Marmet.Williams@prosecn.org

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: _____
(Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☒

Face Value of Each Ticket/Pass \$ 90

Event Description Sharks v Predators Hockey
Provide Title/Explanation

Date(s) 10/28/15

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<i>Santa Clara County Probation Edge Unit</i>	<i>8</i>	<i>Giving our young Juvenile youth an opportunity to attend an event such as sports etc. in which they have never attended before</i>
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[Signature]
Signature of Agency Head or Designee

Marmet Williams
Print Name

PC II
Title

11/3/15
(Month, Day, Year)

Comment: _____